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FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use Only
1. NAME OF COMMITTEE (in	(Check if name Example:If typing, type over the lines.	12FE4M5
Friends of	Tarryl Clark 2012	
ADDRESS (number a	P.O. Box 74	
(Check if ad	ddress	
is changed)		MN 55801
	CITY	STATE ZIP CODE
COMMITTEE'S E-MA	AIL ADDRESS (Please provide only one e-mail address)	
(Check if		
is change	d)	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if		
is change	d)	
2. DATE 12	2 13 2011	
3. FEC IDENTIFIC	CATION NUMBER C C00496513	
4. IS THIS STATE	MENT NEW (N) OR X AMENDED (A)	
I certify that I have ε	examined this Statement and to the best of my knowledge and belief it	is true, correct and complete.
Type or Print Name	of Treasurer Sarah Lewerenz	
Signature of Treasure	Sarah Lewerenz [Electronically Filed]	Date 12 13 / Y Y Y Y Y Y
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing t ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office	For further information of	ontact:

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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